Response to HYVET ambulatory blood pressure substudy

Article  (Published Version)


This version is available from Sussex Research Online: http://sro.sussex.ac.uk/id/eprint/44639/

This document is made available in accordance with publisher policies and may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher's version. Please see the URL above for details on accessing the published version.

Copyright and reuse:
Sussex Research Online is a digital repository of the research output of the University.

Copyright and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners. To the extent reasonable and practicable, the material made available in SRO has been checked for eligibility before being made available.

Copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

http://sro.sussex.ac.uk
Response to HYVET Ambulatory Blood Pressure Substudy

Bursztyn et al1 speculate that our ambulatory blood pressure (ABP) participants were not representative of the whole trial. We agree this is possible but very unlikely in view of the similarity of the participant characteristics given in Table 1.

As the elderly frequently nap, he wonders if this would substantially reduce daytime pressure. However, we also looked at morning ABP to confirm our findings, and this would not be affected by a postlunch sleep.

The online-only Data Supplement gives some details on the much smaller number (52) of participants who had ABP before and after the initiation of treatment. Bursztyn et al1 select the 17 participants who had white coat hypertension and active treatment and note that their ABP did not change. They conclude that active treatment does not lower ABP in those with white coat hypertension. This is not true as the placebo-active pressure difference was 21/10 mm Hg when the groups were compared. The rise with placebo and no change with active treatment are almost certainly because of regression to the mean, and an identical result was observed in the Systolic Hypertension in Europe (Syst-Eur) trial.2

Disclosures

None.

Christopher J. Bulpitt
Department of Medicine
Imperial College London
London, United Kingdom
Brighton and Sussex Medical School
Brighton, United Kingdom

Nigel Beckett
Ruth Peters
Department of Medicine
Imperial College London
London, United Kingdom

Jan A. Staessen
Department of Cardiology
University of Leuven
Leuven, Belgium

Ji-Guang Wang
Centre for Epidemiological Studies and Clinical Trials
Ruijin Hospital
Shanghai Institute of Hypertension, China

Marius Comsa
Strada Narciselor
Fagaras, Romania

Robert H. Fagard
Department of Cardiology
University of Leuven
Leuven, Belgium

Dan Dumitrascu
Spitalul Județean Cluj
Clínica Medicala 2
Cluj, Romania

Vesselka Gergova
Department of Cardiology
Medical University of Sofia
Sofia, Bulgaria

Riitta L. Antikainen
Oulu City Hospital and Institute of Health Sciences (Geriatrics)
Oulu University
Oulu, Finland

Elizabeth Cheek
School of Computing, Engineering and Mathematics
University of Brighton
Brighton, United Kingdom

Chakravarthi Rajkumar
Brighton and Sussex Medical School
Brighton, United Kingdom